

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025312

STATE FILE NUMBER

3201

FILED JUL 17 1958		Registration District No. 149		Primary Registration District No. 1002		Registrar's No. 3201	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic		Length of stay in lb. 25 Years		d. STREET ADDRESS (If outside, give location) 3617 E. 67th St.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGIA Middle ANN Last ANDERSON				4. DATE OF DEATH Month June Day 27 Year 1958			
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 18 April 1891		9. AGE (In years, months, days) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Morgan County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Richardson			13b. MOTHER'S MAIDEN NAME May Maddox			14. NAME OF HUSBAND OR WIFE David C. Anderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-10-6843		17. INFORMANT Address David C. Anderson, 3617 E. 67th Kansas City			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema & Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Embolism & Cardiac Failure DUE TO (c) Congestive Heart Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 6/24/58 4341
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5:15 PM 6/26/58 to 6/27/58 and last saw her alive on 6/27/58 Death occurred at 5:15 PM 6/26/58 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. Solvin W. Tonkens DO (Degree or title)				22b. ADDRESS 8218 Whinner Rd.		22c. DATE SIGNED 6/30/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-1-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Kansas City Missouri		
24. FUNERAL DIRECTOR Muehlebach Funeral Home, 6800 Troost				25. DATE RECD. BY LOCAL REG. 6.30-58		26. REGISTRAR'S SIGNATURE Neve Minshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Solvin W. Tonkens USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



Dr. Soliman Tadmor
3800 E. 27th
Ogden, Utah 84401

0383

11-1-1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Warren R. Ellis

Licensed Embalmer No. 5018

P. O. Address Mission, Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.